

**APPLICATION TO  
AMEND CERTIFICATE OF AUTHORITY FOR HMO/LHSO**

Federal ID No.: \_\_\_\_\_ NAIC No.: \_\_\_\_\_ NAIC Group No.: \_\_\_\_\_

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\_\_\_\_\_  
(Name of Company)

incorporated under the laws of the state of \_\_\_\_\_ located in the  
City of \_\_\_\_\_, State of \_\_\_\_\_ wishes to amend its  
existing Kentucky Certificate of Authority in the following manner:

**NAME CHANGE:**

\_\_\_\_\_  
(New Name of Company)

**REDOMESTICATION:**

\_\_\_\_\_ to \_\_\_\_\_  
(from previous city/state of domestication) (new city/state of domestication)

Effective date of change: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
President, Vice President or Secretary